EXHIBIT 170

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Margarita Trujillo tanisse
Participant's Address: PUBOX 540025
Participant's Email Address: margarita45 trujillow icloud. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 2766 45 — 1858 154-P
Nature of Claim: Promess
By: Maryout Tryll Tourse
Signature RECEIVED Margarita Trujillo tanisse AUG 17 2021
Print Name AUG 17 2021
PRIME CLERK LLC
Title (if Participant is not an individual)
14 agosto 2021
Date

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Margarita Trujillo Panisse
Participant's Address:	Margarita Trujillo Panisse P.O. Box 560025 Guayanilla, P.Rooest
Participant's Email Address:	margarita 45trujilloa icloud.com
Name of Counsel:	<u> </u>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK-3283-LTS-276648 276648 Promesa
Nature of Claim:	276648 Fromesa
By: Margarte Signature	Tryells Conisse
Margarita T Print Name	rujillo Panisse
٢	
Title (if Participant is	not an individual)
Quant 14, 5	1500

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: margarita Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Bv: Title (if Participant is not an individual)

 Participant's contact information, including email address, and that of its counse
if any:
Participant's Name: Margarita Irujillo tanisse
Participant's Address: P.O Box - 560025 SuayanilaRR
Participant's Email Address: margarita 45 truji 100 10/04 com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 276639
Nature of Claimy / / Spingsq
By: Margarit byillofamisse
Signature / Margarita Trujillo tanisse
Print Name

Title (if Participant is not an individual)
14 agisto 2021
Date /

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Margarita Trajillo tanisse
Participant's Address: P.O Box 560025
Participant's Email Address: margarita 45 trujillo 2 icloud. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17BK 3283-LTS-1637829 Nature of Claim: 1, Promess IL 276649 Promess
Nature of Claim: Promesa II 276649 Promesa
By: Angarite myllofourse
Margarita Trussolo Panisse
Print Name
Title (if Participant is not an individual)
14 agosto 2021
Date /

Margarita Trujillo Panisse P.O Box 560025 Guayanilla, P.R. 00656



RECEIVED

AUG 17 2021

PRIME CLERK

Prime Clerk LLC Grand Central Station PO Box 4850 New York, NY 10163-4850

10163-465050